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QUARTERLY STATEMENT AS OF JUNE 30, 2017 OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations Advantage, Inc.

Property (Cavually () Property () Property ()
Business January 1, 2016 n. State, Country and Zip Code) d Zip Code)
Business January 1, 2016 m. Stea. County and 2th Code)
, January I, 2016 curry and Zip Code)
ounity and Zip Code) 200
202
Street and Number or P. O. Box, City or Town, State, Country and Zip Code)
Primary Location of Books and Records 27 Mortigori Drine, Portland, Maine, US 14103 (Street and Number, City or Town, State, Country and Zip Code)
207-253-5224
(Area Code) (Telephone Number) (Extension)
(Fax Number)

OFFICERS
David Hermon Howes, MD (President)
Edward Charles Dupont, Jr (Treasurer)
David Emery Currier (Secretary)

OTHER OFFICERS
Daniel Bruce Cholnowski (Chlef Financial Officer)
Sandra Lynn Monflietto# (Chlef Operating Officer-DS/Shared Servic)

DIRECTORS OR TRUSTEES

Pall Robert Adath Wood, c) clar

Federal Charles Duport, i', r' ressurar

Edward Charles Duport, i', r' ressurar

David Harmon Howes, MD.; Pressbert

God Harmon Howes, MD.; Pressbert

James Alexander Hester, Jr, PhD

Render Histor, MD.

Warron Dearns Alpann, MD.

Warron Dearns Alpann, MD.

County of Cumberland State of Maine

The officers of this reporting stally, boing duty swem, until depose and say that they are the described officers of stald reporting entily. In the other than the stall the stall reporting period stalds show, a life the break reporting period stalds show, a life the break reporting period stalds show, a life the stall reporting period stalds show, a life the stall reporting series and reporting series and supporting the stall reporting series and stall series and serie

Sandra & Youn Manlette Sadva Lyon Monifested Chief Operating Officer DS/Staret Services

Subscribed and swom to before me this TTL day of August, 2017

Sheen Barris

Yes (X) No () a. Is this an original filling?
 b. If not 1. State the amendment number
 2. Date filed
 3. Number of pages attached

SHERRI DAVIS
Notary Public-Maine
My Commission Expires
February 11, 2021

ASSETS

	ASSETS	0 (0)			4	
			Current Statement Dat	1	4	
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets	
1	Bonds	35 573 762		35,573,762	34 508 363	
2.	Stocks:	,,			,,,,,,,,	
	2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate:					
	3.1 First liens					
	3.2 Other than first liens					
4.	Real estate:					
	4.1 Properties occupied by the company (less \$encumbrances)					
	4.2 Properties held for the production of income (less \$encumbrances)					
	4.3 Properties held for sale (less \$encumbrances)					
5.	Cash (\$ 33.007.178) . cash equivalents (\$)					
	and short-term investments (\$ 1,063,987)					
6.	Contract loans (including \$ premium notes)					
7.	Derivatives					
8.	Other invested assets					
9.	Receivables for securities					
10.	Securities lending reinvested collateral assets					
11.	Aggregate write-ins for invested assets					
12.	Subtotals, cash and invested assets (Line 1 through Line 11)	84,973,675		84,973,675	62,478,912	
13.	Title plants less \$					
14.	Investment income due and accrued	183,373		183,373	142,692	
15.	Premiums and considerations:					
	15.1 Uncollected premiums and agents' balances in the course of collection	1,026,545	312,727	713,818	620,482	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$					
	15.3 Accrued retrospective premiums (\$ 41,984,961) and contracts subject to redetermination (\$)	41,984,961		41,984,961	23,497,685	
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers					
	16.2 Funds held by or deposited with reinsured companies					
	16.3 Other amounts receivable under reinsurance contracts					
17.	Amounts receivable relating to uninsured plans	2,171,587	469,232	1,702,355	1,702,355	
18.1	Current federal and foreign income tax recoverable and interest thereon					
18.2	Net deferred tax asset					
19.	Guaranty funds receivable or on deposit	1		1	1	
20.	Electronic data processing equipment and software					
21.	Furniture and equipment, including health care delivery assets (\$)	1		1	1	
22.	Net adjustment in assets and liabilities due to foreign exchange rates	1		1	1	
23.	Receivables from parent, subsidiaries and affiliates					
24.	Health care (\$) and other amounts receivable				1	
25.	Aggregate write-ins for other-than-invested assets					
26. 27.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
28.	Totals (Line 26 and Line 27)					
	· · · · · · · · · · · · · · · · · · ·	,555,100	2,000,011	,,,,,,,,		
	S OF WRITE-INS					
1102. 1103. 1198.	Summary of remaining write-ins for Line 11 from overflow page Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)					
2503.						
2598 . 2599 .	Summary of remaining write-ins for Line 25 from overflow page Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)					

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$reinsurance ceded)	37,745,422		37,745,422	32,345,477
2.	Accrued medical incentive pool and bonus amounts.	3,967,670		3,967,670	2,868,849
3.	Unpaid claims adjustment expenses .				
4.	Aggregate health policy reserves, including the liability of \$				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	29,016,617		29,016,617	455,697
9.	General expenses due or accrued.	41,824		41,824	29,557
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others.				807,300
13.	Remittances and items not allocated				
14.	Borrowed money (including \$				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities	·			
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$				
20.	Reinsurance in unauthorized and certified (\$) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$				
24.	Total liabilities (Line 1 to Line 23)	78,495,902		78,495,902	45,163,985
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus.	XXX	XXX	150,100,000	150,100,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	(99,037,720)	(106,821,859)
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26 \$)	XXX	XXX		
	32.2shares preferred (value included in Line 27 \$)	XXX	XXX		
33.	Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	51,062,280	43,278,141
34.	Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	129,558,182	88,442,126
DETAI	LS OF WRITE-INS				
2301.					
2302 . 2303 .					
	Summary of remaining write-ins for Line 23 from overflow page. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2502.	Federal Affordable Care Act Assessment	XXX	XXX XXX		
2503 . 2598 . 2599 .	Summary of remaining write-ins for Line 25 from overflow page Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX XXX XXX	XXX XXX XXX		
		XXX	XXX		
3002. 3003.	Summary of compining write inc for Line 20 from everflow page	XXX	XXX		
3098. 3099.	Summary of remaining write-ins for Line 30 from overflow page. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	X X X X X X	X X X X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear to Date	Prior Year to Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1. 1	Member Months	XXX	246,259	224,892	460,820
2. 1	Net premium income (including \$non-health premium income)	XXX	193,610,097	161,116,546	329,279,875
3. (Change in unearned premium reserves and reserve for rate credits	XXX			
4. I	Fee-for-service (net of \$medical expenses)	XXX			
5. I	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Line 2 to Line 7)	XXX	193,610,097	161,116,546	329,279,875
	and Medical: Hospital/medical benefits		140,306,396	127,420,197	253,738,068
10.	Other professional services				
11. (Outside referrals				
12. I	Emergency room and out-of-area				
13. I	Prescription drugs		27,984,191	25,634,663	48,894,471
14.	Aggregate write-ins for other hospital and medical				
15. I	ncentive pool, withhold adjustments and bonus amounts		2,743,644	2,519,330	5,523,812
16.	Subtotal (Line 9 to Line 15)		171,034,231	155,574,190	308,156,351
Less: 17. I	Net reinsurance recoveries				
	Total hospital and medical (Line 16 minus Line 17)				
	Non-health claims (net)				
	Claims adjustment expenses, including \$ 2,686,756 cost containment expenses				
21. (General administrative expenses.		11,670,362	9,889,089	25,334,705
22. I	ncrease in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			4 006 007	
	Fotal underwriting deductions (Line 18 through Line 22)			174,171,118	
	Net underwriting gain or (loss) (Line 8 minus Line 23)		5,420,329	(13,054,572)	
	Net investment income earned			258,980	(10,022,402)
	Net realized capital gains (losses) less capital gains tax of \$				·
	Net investment gains (losses) (Line 25 plus Line 26)				630,399
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
	Aggregate write-ins for other income or expenses				
30. I	Vet income or (loss) after capital gains tax and before all other federal income taxes	XXX		(12,773,937)	
	Federal and foreign income taxes incurred	XXX		(12,773,937)	
	Net income (loss) (Line 30 minus Line 31)	XXX		(12,773,937)	
	· · · · · · · · · · · · · · · · · · ·			(,,,	(10,100
DETA 0601.	ILS OF WRITE-INS	XXX			
0602. 0603.		X X X X X X			
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X X X X			
0701.		XXX			
0702. 0703.		XXX			
0798. 0799.	Summary of remaining write-ins for Line 7 from overflow page. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above).	X X X X X X			
1401. 1402.					
1402. 1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.					
2901. 2902.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33.	Capital and surplus prior reporting year	43,278,141	36,864,809	36,864,809
34.	Net income or (loss) from Line 32	5,843,596	(12,773,937)	(13, 192, 093)
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	1,400,385	260,278	975,250
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	540,158	(2,064,474)	(2,469,825)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in		13,000,000	21,100,000
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Line 34 to Line 47)	7,784,139	(1,578,133)	6,413,332
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	51,062,280	35,286,676	43,278,141
DET	AILS OF WRITE-INS			
4701				
4702				
4703				
4798	. Summary of remaining write-ins for Line 47 from overflow page			
4799	. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance			
2. 3.		514,709 1,009,389		
4.	Total (Line 1 through Line 3)			323,429,147
_	Post of the state	404 505 405	450 000 047	004.744.000
5. 6.	Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. 8. 9.	Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10.	Total (Line 5 through Line 9)			339,340,544
11.	Net cash from operations (Line 4 minus Line 10)	24,174,707	(17,367,612)	(15,911,397)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	, ,		, ,
	12.3 Mortgage loans 12.4 Real estate			
	12.5 Other invested assets			
		347,806		
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)		11,592,904	25,519,829
13.	Cost of investments acquired (long-term only): 13.1 Bonds	22,450,254		
	13.2 Stocks			
	13.4 Real estate			
	13.6 Miscellaneous applications	10		
	13.7 Total investments acquired (Line 13.1 through Line 13.6)		11,905,100	
14.	Net increase or (decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,004,856)	(312, 196)	(237,322)
	Cash from Financing and Miscellaneous Sources			
16.				
	16.2 Capital and paid in surplus, less treasury stock			21,100,000
		(3,296,012)	(3,662,989)	2,794,129
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,296,012)	9,337,011	23,894,129
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	19,873,839	(8,342,797)	
19.		44 407 000	0.454.040	0.454.040
				6,451,916 14,197,326
Mot	Considerated disclosures of each flow information for one each transactions.			
20.0	e: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0	0002 0003			
20.0	0004 0005			
	0006 0007			
20.0	0008 0009			
	0010			

	1	Comprehensive (H	ospital and Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total	marviduai	Огоир	Опристеп	Only	Offiny	Deficited Fight	Wicdical C	Wicaldala	Othor
Prior Year	40,006							40,096		
								,		
2. First Quarter.	.,							40,929		
3. Second Quarter								41,447		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	246,529							246,529		
Total Member Ambulatory Encounters for Period:										
7. Physician	261,588							261,588		
8. Non-Physician	121,347							121,347		
9. Total								382,935		
10. Hospital Patient Days Incurred	10,731							10,731		
11. Number of Inpatient Admissions.								2,293		
12. Health Premiums Written (a)	193,610,097							193,610,097		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	193,610,097							193,610,097		
16. Property/Casualty Premiums Earned							.			
17 . Amount Paid for Provision of Health Care Services	164,507,230							164,507,230		
18. Amount Incurred for Provision of Health Care Services	171 024 221							171.034.231		

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 193,610,097

STATEMENT AS OF JUNE 30, 2017 OF THE Martin's Point Generations Advantage, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	3,236,094					3,236,094
0499999 - Subtotals	3,236,094					3,236,094
0599999 - Unreported claims and other claim reserves						
0799999 - Total claims unpaid						37,745,422
0899999 - Accrued medical incentive pool and bonus amounts						3,967,670

	Claims Paid \	Year to Date	Liability End of Current Quarter		5	6 Estimated Claim
	1	2	3	4		Reserve and Claim
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Liability December 31 of Prior Year
Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	24,839,593	138,591,206	140,906	37,604,516	24,980,499	
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)	24,839,593	138,591,206	140,906	37,604,516	24,980,499	32,345,477
10. Health care receivables (a)		540,157				
11. Other non-health						
12. Medical incentive pools and bonus amounts	906,392	738,430		3,967,670	906,392	2,868,849
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	25,745,985		140,906	41,572,186	25,886,891	35,214,326

⁽a) Excludes \$ loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Martin's Point Generations Advantage, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed or permitted by the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2016 or 2017.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the State of Maine is shown below:

	State of		
State Prescribed Practices	Domicile	2017	2016
Net Income (loss), state basis (Page 4, Line 32, Columns 2 and 4)	ME	5,843,596	(13,192,093)
Net Income (loss) NAIC SAP (1-2-3=4)	ME	5,843,596	(13,192,093)
Surplus, state basis (page 3, Line 33, Columns 3 and 4)	ME	51,062,280	43,278,141
Surplus, NAIC SAP (5-6-7=8)	ME	51,062,280	43,278,141

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

- Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized
 cost.
- 2. Bonds are stated at amortized cost.
- 3. Common stocks are stated at market value.
- 4. The Company does not have any preferred stock
- 5. The Company does not have any mortgage loans.
- 6. The Company's loan-backed securities are carried at Amortized Cost. The Company reports the adjustment methodology on an account basis as opposed to each individual security and accounts for all of the securities retrospective basis.
- 7. The Company does not have any investments in subsidiaries, controlled or affiliated companies.
- 8. The Company does not have investments in joint ventures, partnerships or limited liability companies.
- 9. The Company does not have any derivative instruments.
- 10. The Company does not include anticipated investment income in calculating a premium deficiency.

- 11. The Company's reported unpaid claims are based on adjudicated claims in process of settlement. The amount of unreported claims is based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided.
- 12. The Company does not have any capital assets and therefore no capitalization policy.
- 13. The Company records pharmaceutical rebates receivable as a nonadmitted asset.
 - **D.** Going Concern: Management has no significant doubts about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

- A. Accounting Changes and Correction of Errors: Not applicable
- 3. Business Combinations and Goodwill: No changes
 - A. Statutory Purchase Method: Not applicable
 - B. Statutory Merger: Not applicable
 - C. Assumption Reinsurance: Not applicable
 - D. Impairment Loss: Not applicable

4. Discontinued Operations

The Company had no operations that were discontinued during 2017.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no investments in mortgage loans, including Mezzanine Real Estate Loans.

B. Debt Restructuring

The Company has no invested assets that are restructured debt.

C. Reverse Mortgages

The Company has no investments in reverse mortgages.

D. Loan-Backed Securities

 For fixed-rate agency mortgage-backed securities, the Company calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment Projections. For other mortgage-backed, loan-backed, and structured securities, the Company utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic

credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, the Company uses data from Reuters, which utilizes the median prepayment speed from contributors' models.

(2)

	(1) Amortized Cost Basis Before Other-Than- Temporary Impairment	(2) Other-Than- Temporary Impairment Recognized in Loss	(3) Fair Value (1 - 2)
OTTI recognized 1st Quarter a. Intent to sell b. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis c. Total 1st Quarter			
OTTI recognized 2nd Quarter d. Intent to sell e. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis f. Total 2nd Quarter.			
OTTI recognized 3rd Quarter g. Intent to sell h. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis i. Total 3rd Quarter			
OTTI recognized 4th Quarter j. Intent to sell. k. Inability or lack of intent to retain the investment in the security for a a period of time sufficient to recover the amortized cost basis I. Total 4th Quarter.			
m. Annual Aggregate Total	XXX		XXX

(3)

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported

05D3999 - Total

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

 - a. The aggregate amount of unrealized losses:

 1. Less than 12 Months
 2. 12 Months or Longer

 b. The aggregate related fair value of securities with unrealized losses:

 1. Less than 12 Months
 2. 12 Months or Longer

.....11,411

- (5) The Company considers the following general categories of information in reaching the conclusion that impairments are other than temporary:
 - Performance of investments over a twelve month period
 - Volatility in the market
 - Securities ratings

E. Repurchase Agreements and/or Security Lending Transactions

The Company has no repurchase agreements or security lending transactions at June 30, 2017.

F. Real Estate

The Company has no investment real estate.

G. Low-Income Housing Tax Credits

The Company has no Low-Income Housing Tax Credits

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Total Gross (Admitted & Nonadmitted) Restricted from	2 Total Gross (Admitted & Nonadmitted) Restricted from	3 Increase/ (Decrease)	4 Total Current Year Nonadmitted	5 Total Current Year Admitted Restricted	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets	7 Admitted Restricted to Total Admitted Assets
Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	(1 minus 4)	(a)	(b)
Subject to contractual obligation for which liability is not shown							
Collateral held under security lending agreements							
C. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
n. Letter stock or securities restricted as to sale - excluding FHLB capital stock.							
. FHLB capital stock.							
On deposit with states	601,193	601,018	175		601,193	0.043	0.04
k. On deposit with other regulatory bodies							
Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							

Total Restricted Assets	601,193	601,018	175	 601,193	

⁽a) Column 1 divided by Asset Page, Column 1, Line 28 (b) Column 5 divided by Asset Page, Column 3, Line 28

- 2. Detail of Assets pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are reported in the Aggregate) Not applicable.
- 3. Details of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not applicable.
- 4. Collateral Received and Reflected as Assets within the Reporting Entity's Financial Statements Not applicable.

I. Working Capital Finance Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable.

L. 5* Securities

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies.
- **B.** The Company has no impaired investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

A. Accrued investment income would be excluded from investment income on the following basis:

Bonds -- where interest is in default, accrued interest on bonds is ineligible for amortization.

B. The Company did not accrue investment income that was nonadmitted at June 30, 2017.

8. Derivative Instruments: Not Applicable

9. Income Taxes: The Company is not subject to Federal Income taxes.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the relationship involved

The Company is a wholly-owned subsidiary of Martin's Point Health Care, Inc. (MPHC).

The following subsidiaries of MPHC have been remove from the Company's organizational charts of March 31, 2017 and December 31, 2016:

Martin's Point Generations, LLC was dissolved per the Maine Bureau of Insurance. Martin's Point Community Health Administrators, LLC inactive since December 31, 2014. Martin's Point Community Health Plans, Inc inactive since December 31, 2014.

B. & C. Description of the transactions involved and the dollar amounts of transactions

During 2017 and 2016 MPHC invested \$0 and \$21,100,000, respectively, in the Company to fund operations and risk based capital requirements.

The Company has incentive and risk sharing arrangements with MPHC with respect to members who receive primary care from providers employed by MPHC. Under these arrangements, the Company makes payments to MPHC as follows:

Cost of Care Risk Share Arrangement: The Company and MPHC acknowledges joint responsibility for managing the cost of care for members who receive primary care through MPHC's delivery system. In recognition of this joint responsibility, the parties agree to participate in a cost of care risk share arrangement. This arrangement provides for payments by the Company when medical loss ratio results are less than targets. Conversely, it provides for payments from MPHC when medical loss ratio results are greater than targets. Under this arrangement, the Company paid MPHC \$0 and \$500,000 for 2017 and 2016, respectively.

Primary Care Payment Model: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on performance against pre-determined quality metrics. The Company paid MPHC \$253,556 and \$353,350 in 2017 and 2016, respectively.

Population Based Incentives: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments up to \$7 per member per month based on MPHC's performance against pre-determined quality metrics. The Company paid MPHC \$162,236 and \$278,622 for 2017 and 2016, respectively.

D. Amounts Due to or from Related Parties

At June 30, 2017, the Company reported \$1,404,413 due to its Parent for items generated in 2017 to be settled in August 2017.

E. Guarantees or Contingencies for Related Parties

Effective November 23, 2015, MPHC, the Guarantor, and the Company, the Primary Obligor, entered into an Unconditional Financial Guaranty with the Maine Bureau of Insurance to secure the Superintendent's conditional approval and licensing of the Primary Obligor to enter into the insurance business in the State of Maine. The Guarantor absolutely and unconditionally guarantees to the Superintendent and the Superintendent's successors and assigns, that if the Primary Obligor at any time fails to maintain capital and surplus at a level no less that the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus, the Guarantor shall automatically pay such sums or deposits to the Primary Obligor as are necessary to establish and maintain capital and surplus at a level no less that the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative, managerial and other services required by the Company under a Management Services Agreement with MPHC. Management fees charged to the operations for the quarter ended June 30, 2017 and the year ended December 31, 2016 were \$5,910,216 and \$11,059,680, respectively.

- G. Nature of Relationships that Could Affect Operations: Not Applicable
- H. Amount Deducted for Investment in Upstream Company: Not Applicable
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not Applicable
- J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: Not Applicable
- K. Investment in Foreign Insurance: Not Applicable
- L. Investment in Downstream Noninsurance Holding Company: Not Applicable
- M. All SCA Investments: Not Applicable
- N. Investment in Insurance SCAs: Not Applicable

11. Debt

A. Debt including Capital Notes

The Company had no capital notes outstanding at June 30, 2017.

B. FHLB (Federal Home Loan Bank) agreements

The Company had no Federal Home Loan Bank agreements at June 30, 2017.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:

A. Defined Benefit Plan: Not applicable

B. Investment Policies and Strategies: Not Applicable

C. Fair Value of Plan Assets: Not Applicable

D. Basis used to determine the long-term rate-of-return: Not Applicable

E. Defined Contribution Plans: Not Applicable

F. Multiemployer Plans: Not Applicable

G. Consolidated/Holding Company Plans: Not Applicable

H. Postemployment Benefits and Compensated Absences: Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits: Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganization

- 1. The Company has no capital stock.
- 2. The dividend rate is not applicable.
- 3. Dividend restrictions are not applicable.
- 4. Dividends paid are not applicable.
- 5. The portion of the entity's profits that may be paid as ordinary dividends to stockholders is not applicable.
- 6. Unassigned surplus funds are not restricted.
- 7. There have been no advances to surplus.
- 8. There are no shares of stock held for special purposes.
- 9. The Company has no special surplus funds, changes in the balances of special purpose funds are not applicable.
- 10. The Company has no surplus adjustments due to cumulative unrealized losses.
- 11. The Company has not issued any surplus notes or debentures or similar obligations.
- 12. The Company had no restatements due to prior quasi-reorganizations.
- 13. The Company has not been involved in any quasi-reorganizations during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments: Not Applicable

B. Assessments

The Company is subject to a guaranty fund adminstered by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies.

C. Gain Contingencies

The Company has no gain contingencies.

D. Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

The Company has no material claims related to the above.

E. Joint and Several Liabilities

The Company has no joint and several liability arrangements at June 30, 2017.

F. All Other Contingencies

The Company has no other contingencies and has no assets that it considers to be impaired.

15. Leases

- A. Lessee Leasing Arrangements: Not Applicable
- B Lessor Leasing Arrangements: Not Applicable

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has no financial instruments with off-balance sheet risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of receivables reported as Sales: Not Applicable
- B. Transfer and Servicing of Financial Assets: Not applicable
- C. Wash Sales: The Company had no Wash Sales during the period.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans: Not applicable
- B. ASC Plans: Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

The Company reported \$1,702,355 in the accounts receivable related to uninsured plans as of June 30, 2017 and \$1,702,355 in December 31, 2016. The \$1,702,355 amount relates to Part D Settlements which include \$1,014,223 Part D Low Income Cost Sharing and \$688,132 Part D Reinsurance.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the period.

20. Fair Value Measurements

Description for each class of asset	(Level 1)		(Level 2)	(Level 3)	Total
		_			-
a. Assets at fair value					
Bonds					
U. S. Governments	\$ 3,761,1	52 \$	343,343	\$ -	\$ 4,104,495
Industrial and Misc		-	23,930,029	-	23,930,029
Hybrid Securities		-	60,750		- 60,750
Special Rev./Assess. Oblig.		-	5,613,061	-	5,613,061
All Other Governments		-	1,992,030		1,992,030
Parent, Subsidiaries and Affiliates		-	-	-	
Total Bonds	\$ 3,761,1	52 \$	\$ 31,939,213	\$ -	\$ 35,700,365
Common Stock					
Industrial and Misc	\$ 16,392,73	35 \$	-	\$ -	\$ 16,392,735
Parent, Subsidiaries and Affiliates		-	-	-	-
Total Common Stock	\$ 16,392,73	35 \$	-	\$ -	\$ 16,392,735
Derivative assets					
Interest rate contracts	\$	- \$	-	\$ -	\$ -
Foreign exchange contracts		-	-	-	-
Credit contracts		-	-	-	-
Commodity futures contracts		-	-	-	-
Commodity forward contracts		-	-	-	
Total Derivatives	\$	- \$	-	\$ -	\$
Total assets at fair value	\$ 20,153,8	87 9	\$ 31,939,213	\$ -	\$ 52,093,100

21. Other Items

A. Unusual or Infrequent Items: Not Applicable

B. Troubled Debt Restructuring: Not Applicable

C. Other Disclosures: Not Applicable

D. Business Interruption Insurance Recoveries: Not Applicable

E. State Transferable and Non-transferable Tax Credits: Not Applicable

F. Subprime Mortgage Related Risk Exposure: NotApplicable

G. Retained Assets: Not Applicable

H. insurance – Linked Securities: Not Applicable.

22. Events Subsequent:

Type I - Recognized Subsequent Events:

Subsequent events have been considered through August 1, 2017 for the statutory statements issued on August 10, 2017.

Type II - Nonrecognized Subsequent Events: Not applicable

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes() No(X)

2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 - Ceded Reinsurance Report - Part A

1. Does the reporting entity have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credits?

Yes () No (X)

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other

reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 - Ceded Reinsurance Report - Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?

None

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance.

C. Commutation of Ceded Reinsurance

The Company has not commuted any ceded reinsurance during the period.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2016 were \$33,180,387. As of June 30, 2017, \$25,525,880 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are \$144,452 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$7,510,055 favorable prior-year development since December 31, 2016 to June 30, 2017. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements: Not applicable

27. Structured Settlements: Not applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables: The Company records Pharmaceutical Rebates Receivables as nonadmitted asset.

B. Risk Sharing Receivables: Not applicable

29. Participating Policies: Not applicable

30. Premium Deficiency Reserves: None recorded at June 30, 2017

1. Liability carried for premium deficiency reserves 06/30/2017 2. Date of the most recent evaluation of this liability 3. Was anticipated investment income utilized in the calculation

31. Anticipated Salvage and Subrogation: The Company does not include an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims. During 2017 the Company recovered

Yes () No (X)

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

		GENERAL							
1.1	Did the reporting entity experience any material transactions requiring the filling of Disclosure of	Material Transaction	ns with the State	e of Domicile, as requ	uired by the				
1.0	Model Act?					Yes () No (X)			
1.2	If yes, has the report been filed with the domiciliary state? Has any change been made during the year of this statement in the charter, by-laws, articles o	of incorporation, or d	eed of settlemer	nt of the reporting		Yes () No ()			
	entity?	······································		n or the reperting		Yes () No (X)			
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or is an insurer?	more affiliated person	ons, one or more	e of which		Yes (X) No ()			
	If yes, complete Schedule Y, Parts 1 and 1A.					. 33 () ()			
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	?				Yes (X) No ()			
3.3	If the response to 3.2 is yes, provide a brief description of those changes. Three subsidiaries of Martin's Point Health Care, Inc. were removed: Martin's Point Generations LLC was	dissolved Martin's Po	int Community Ad	ministrators IIC and	Martin's Point Comm	nunity Health Plans Inc.we	re inactive since 12-31-14		
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by					Yes () No (X)			
4.2	If the response to 4.1 is yes, provide the name of entity, NAIC Company Code, and state of do	omicile (use two lette	er state abbrevia	ation) for any entity th	nat has ceased				
	to exist as a result of the merger or consolidation.								
	1 Name of Entity								
5.	If the reporting entity is subject to a management agreement, including third-party administrator		eral agent(s), a	attorney-in-fact, or sin	milar agreement,	Voc / \ No / \ N/	Λ (Υ)		
6.1	have there been any significant changes regarding the terms of the agreement or principals invo- State as of what date the latest financial examination of the reporting entity was made or is being					Yes () No () N/	n (A)		
6.2	State the as of date that the latest financial examination report became available from either the	e state of domicile or	the reporting er	ntity.					
6.2	This date should be the date of the examined balance sheet and not the date the report was con- State as of what date the latest financial examination report became available to other states or	•		omicila or the reportir	ag ontity	12/31/2014			
6.3	This is the release date or completion date of the examination report and not the date of the examination report and not the date of the examination report.	amination (balance s	sheet date).	omicile of the reporti	ig entity.	06/29/2016			
6.4	By what department or departments?								
C E	Bureau of Insurance of the State of Maine	unted for in a subsec	want financial of	tatament filed					
6.5	Have all financial statement adjustments within the latest financial examination report been account with Departments?	unted for in a subsec	quent imanciai si	latement nied		Yes () No () N/	A (X)		
6.6	Have all of the recommendations within the latest financial examination report been complied with	h?				Yes (X) No () N/	A ()		
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including congovernmental entity during the reporting period?	rporate registration,	if applicable) su	ispended or revoked	by any	Yes () No (X)			
7.2	If yes, give full information								
	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board' If response to 8.1 is yes, please identify the name of the bank holding company.	?				Yes () No (X)			
0.2	in response to 6.1 is yes, please identity the name of the patrix nothing company.								
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?					Yes () No (X)			
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the mail[i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), Commission (SEC)] and identify the affiliate's primary federal regulator.	in office) of any affil the Federal Deposit	ates regulated b Insurance Corp	oy a federal regulatory oration (FDIC) and ti	y services agency he Securities Exch	ange			
	1 Affiliate Name Location (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC			
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting smilar functions) of the reporting entity subject to a code of ethics, which includes the following (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of Full, fair, accurate, timely and understandable disclosure in the periodic reports required (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in Accountability for adherence to the code.	of interest between p I to be filed by the re	r, or persons pe	l erforming		Yes (X) No ()			
9.11	If the response to 9.1 is No, please explain:								
9.2	Has the code of ethics for senior managers been amended?					Yes () No (X)			
9.21	If the response to 9 . 2 is Yes, provide information related to amendment (s) .								
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?					Yes () No (X)			
9.31	If the response to 9.3 is Yes, provide the nature of any waiver (s).								

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

			F	INANCIAL			
	Does the reporting entity report any amou		·	f this statement?		Yes () N	lo (X)
10.2	If yes, indicate the amounts receivable from	om parent included in the Page 2 am		/ESTMENT		\$	
			IIV	LOTIVILINI			
11.1	Were any of the stocks, bonds, or other a (Exclude securities under securities lending)		placed under option a	agreement, or otherwise r	nade available for use by another person?	Yes () N	o (X)
11.2	If yes, give full and complete information in	relating thereto:					
12.	Amount of real estate and mortgages held	d in other invested assets in Schedule	e BA:			\$	
13.	Amount of real estate and mortgages held	d in short-term investments:				\$	
14.1	Does the reporting entity have any investr	ments in parent, subsidiaries and aff	iliates?			Yes () N	o (X)
14.2	If yes, please complete the following:				1 Prior Year-End Book/ Adjusted Carrying Value	2 Current Qua Adjusted Car	
	14.22 Preferred Stock	e bsidiaries and Affiliates (Subtotal Lin	ne 14.21 to Line 14.26		\$	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
15.1	Has the reporting entity entered into any h	nedging transactions reported on Sch	nedule DB?			Yes () N	o (X)
15.2	If yes, has a comprehensive description of	of the hedging program been made a	vailable to the domicili	ary state?		Yes () N	0 ()
	If no, attach a description with this statem	nent.					
16.	For the reporting entity's security lending places and the reporting entity's security lending places. Total fair value of reinvested collate		\$				
	16.2 Total book adusted/carrying value	of reinvested collateral assets report	ted on Schedule DL, F	Parts 1 and 2		\$	
	16.3 Total payable for securities lending	reported on the liability page				\$	
17.	Excluding items in Schedule E - Part 3 - S safety deposit boxes, were all stocks, bor or trust company in accordance with Secti of the NAIC Financial Condition Examiner	nds and other securities, owned thro ion 1, III - General Examination Cons	oughout the current ye	ar held pursuant to a cust	odial agreement with a qualified bank	Yes (X) N	io ()
17.1	For all agreements that comply with the re	equirements of the NAIC Financial Co	ondition Examiners Ha	andbook, complete the foll	lowing:		
	1 Name of Custodian	n(s)			2 Custodian Address		
S. BAN	NK N. A		50 S 16th St. 20th Flo	oor, Philadelphia, PA 191	02		
17.2	For all agreements that do not comply with	h the requirements of the NAIC Final	ncial Condition Examir	ners Handbook, provide th	ne name, location and a complete explanation	on:	
	1 Name(s)	2 Location	(s)		3 Complete Explana	tion(s)	
17.3	Have there been any changes, including r	name changes, in the custodian(s) i	dentified in 17.1 durin	g the current guarter?		Yes () No (X)
17.4	If yes, give full and complete information in	relating thereto:					, , ,
	1 Old Custodian	2 New Custodian	Date of C		4 Reason		
17.5					nave the authority to make investment decisions to the investment accounts"; "hand		f the
	1 Name of Firm or Individ	ual	2 Affiliation				
set Allo	cation and Management Co	U		-			
	17.5097 For those firms/individuals liste		any firms/individuals	unaffiliated with the		Yes (X) No ()
	17.5098 For firms/individuals unaffiliated	, ,	ignated with a "U") lis	ted in the table for	ets?) No (X)
17.6	For those firms or individuals listed in the	0 00 0				(. ,
	1 Central Registration Depository Number	2 Name of Firm or Individual	 	3 Legal Entity Identifier (LEI)	4 Registered With		5 Investment Management Agreement (IMA) Filed

STATEMENT AS OF JUNE 30, 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes (X) No ()
18.2 If no, list exceptions:	

STATEMENT AS OF JUNE 30, 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.	Operating Percentages:	
	1.1 A&H loss percent	
	1.2 A&H cost containment percent	1.4 %
	1.3 A&H expense percent excluding cost containment expenses	7.5 %
2.1	Do you act as a custodian for health savings accounts?	Yes () No (X)
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$
2.3	Do you act as an administrator for health savings accounts?	Yes () No (X)
2.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$

STATEMENT AS OF JUNE 30 , 2017 OF THE Martin's Point Generations Advantage , Inc .

Page 13 Schedule S - Ceded Reinsurance NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1				Direct Business (Only Year to Date			
	States, Etc.	Active Status	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
	Alabama AL Alaska AK	N								
2. 3.	Alaska AK Arizona AZ	N N								
4.	Arkansas AR	N								
5.	CaliforniaCA	N								
6.	Colorado CO	N								
7.	Connecticut	N								
8.	DelawareDE	N								
9.	District of Columbia	N								
10.	Florida FL Georgia	N N								
11. 12.	Georgia GA Hawaii	N								
13.	Idaho ID	N								
14.	Illinois IL	N								
15.	Indiana. IN	N								
16.	lowaIA	N								
17.	Kansas KS	N								
18.	Kentucky KY	N								
19.	LouisianaLA	N		400 050 000					400 050 000	
20.	MaineME	L		, ,					. 188,950,920	
21.	Maryland MD Massachusetts MA	N N								
22. 23.	Massachusetts MA Michigan MI	N								
24.	Minnesota MN	N								
25.	Mississippi MS	N		1						
26.	Missouri MO	N								
27.	Montana MT	N								
28.	Nebraska NE	N								
29.	Nevada NV	N								
30.	New HampshireNH	L		4,659,177					4,659,177	
31.	New Jersey NJ	N								
32.	New Mexico NM	N								
33.	New York NY North Carolina NC	N								
34. 35.	North Dakota	N								
36.	Ohio OH	N								
37.	Oklahoma OK	N								
38.	Oregon OR	N								
39.	Pennsylvania PA	N								
40.	Rhode Island RI	N								
41.	South Carolina SC	N								
42.	South Dakota	N								
43.	Tennessee	N								
44. 45.	Texas	N N								
45. 46.	Vermont VT	N								
40. 47.	Virginia VA	N								
48.	Washington WA	N				1				
49.	West Virginia WV	N		1						
50.	Wisconsin WI	N								
51.	Wyoming WY	N								
52.	American Samoa	N								
53.	Guam GU	N								
54.	Puerto Rico	N								
55. 56.	U.S. Virgin Islands VI Northern Mariana Islands MP	N		1		1				
	Canada	N								
	Aggregate Other Alien OT	XXX								
59.	Subtotal	XXX		. 193,610,097					. 193,610,097	
	Reporting entity contributions for			' '					' '	
	Employee Benefit Plans	XXX				1				
60.		(a) 2		. 193,610,097					. 193,610,097	
60.	Total (Direct Business)	(u) <u>-</u>	1		i	1	i	I	I	
60. 61.	, ,	(α/ 2								
60. 61. ETAII	LS OF WRITE-INS									
60. 61. ETAII 8001.	LS OF WRITE-INS									
60. 61. ETAII 8001. 8002.	LS OF WRITE-INS									
60. 61. ETAII 3001. 3002. 3003.	LS OF WRITE-INS Summary of remaining write-ins for Line 58 from overflow page.									
60. 61. ETAII 3001. 3002. 3003.	LS OF WRITE-INS Summary of remaining write-ins for Line 58 from overflow page Total (Line 58001 through Line 58003 plus Line 58998)	ge								
60. 61. ETAII 001. 002. 003. 998.	LS OF WRITE-INS	ge								

Active Status Codes (Column 1):

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG
(R) Registered - Non-domiciled RRGs
(Q) Qualified - Qualified or Accredited Reinsurer
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state
(N) None of the above - Not allowed to write business in the state

(a) Insert the number of "L" responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Martin's Point Health Care, Inc. FEIN #01-0353275 State of Maine Incorporated 04/13/1971 Martin's Point Generations Advantage, Inc. Wholly Owned Subsidiary FEIN # 47-4682941 NAIC Code #15850 State of Maine Incorporated 7/31/2015

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates		Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0000	Group Hume	Oode	Hamboi	INOOD	Oiit	(0.0. or international)	Anniates	Location	Linky	(Numb of Entity/1 ordon)	illiaction, other)	1 Groomage	Entity (100) / 1 010011(0)	(1/14)	
0000		15850	01-0353275 47-4682941				Martin's Point Health Care, Inc. Martin's Point Generations Advantage. Inc.	ME			Board of Directors	100.000	Martin's Point Health Care, Inc Martin's Point Health Care, Inc		

Asterisk	Explanation

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

Bar Code:

Document Identifier 365:



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after ac 3. Current year change in encumbrances 4. Total gain (loss) on disposals 6. Total foreign exchange change in book/ac 7. Deduct current year's other-than-temporal 8. Deduct current year's depreciation 9. Book/adjusted carrying value at end of current year's depreciation Line 5 plus Line 6 minus Line 7 minus Line 8) 10. Deduct total nonadmitted amounts 11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2 Prior Year Ended
		Year To Date	December 31
1	Book value/recorded investment excluding		
2	Cost of acquired:		
۷.	2.1. Actual cost at time of acquisition .		
	2.2. Additional investment made after a		
3	Capitalized deferred interest and other		
4	Accrual of discount		
5	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mort		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus		
	Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12.	Total Valuation Allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
1. 2.	Book/adjusted carrying value, December Cost of acquired:		
	2.1. Actual cost at time of acquisition . 2.2. Additional investment made after a		
2	Capitalized deferred interest and other		
1	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
o.			
0.	Total gain (loss) on disposals		
1.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation .		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus		
	Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3. 4. 5. 6. 7.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year Cost of bonds and stocks acquired Accrual of discount Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct consideration for bonds and stocks disposed of Deduct amortization of premium Total foreign exchange change in book/adjusted carrying value Deduct current year's other-than-temporary impairment recognized		25,757,151 19,921 975,250 30,570 25,519,784 177,045
10. 11. 12.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) Deduct total nonadmitted amounts Statement value at end of current period (Line 10 minus Line 11)	50,902,509	48,281,585

SIO

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjuste Carrying Valu December 3 Prior Year
SDNDS								
NAIC 2 (a)		6,579,055 504,074		(12, 117)	3,692,766	32,441,805 4,195,945		35,819,2 239,6
	36,491,469	7,083,129	6,923,836	(13,012)	36,491,469	36,637,750		36,058,9
REFERRED STOCK								
NAIC 4								
. Total Preferred Stock								
. Total Bonds & Preferred Stock	36,491,469	7,083,129	6,923,836	(13,012)	36,491,469	36,637,750		36,058,9

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999		XXX	1,063,987	427	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value , December 31 of prior year		918,404
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		45
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,063,987	1,550,540

Page SI04

Schedule DB, Part A, Verification NONE

Schedule DB, Part B, Verification **NONE**

Page SI05

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open **NONE**

Page SI06

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open **NONE**

Page SI07

Schedule DB, Verification

NONE

Page SI08

Schedule E, Verification (Cash Equivalents) **NONE**

Page E01

Sch. A, Pt. 2, Real Estate Acquired NONE

Sch. A, Pt. 3, Real Estate Disposed **NONE**

Page E02

Schedule B, Part 2, Mortgage Loans Acquired **NONE**

Schedule B, Part 3, Mortgage Loans Disposed **NONE**

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired **NONE**

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed $\bf NONE$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
419792-SN-7	es, Territories and Possessions HAWAII ST - Bonds - U.S. States, Territories and Possessions						300,000.00		
Bonds - U.S. Spe	cial Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of	of Governme	nts and Their	Political Subdivisions		400.054	207 050 44	005	4
3136AV-6R-5 3138AX-XQ-9 3138XD-TR-1	FH G16113 - RMBS FN 17T1 A - CMBS FN AJ6086 - RMBS FN AV2359 - RMBS		04/19/2017 04/18/2017 05/04/2017	WELLS FARGO SECURITIES LLC US BANCORP INTL FCStone Financial Inc.		200,000 347,152 317,583	397,856.44 200,000.00 336,174.17 300,492.25	560	1
45462T-FX-5	FN BE9567 - RMBS INDIANA BD BK REV - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agen		06/21/2017	STIFEL NICOLAUS & COMPANY INC.					1 1FE
	and Miscellaneous (Unaffiliated)	iolos ana Auti	ionities of Oc	voluments and Their Folideal Gubulvisions		1,702,002	1,704,022.00	2,040	
172967-KY-6	AMOT 173 A2 - ABŠ CITIGROUP INC DUKE ENERGY FLORIDA PROJECT FINANCE LLC		06/28/2017	CHASE SECURITIES INC MORGAN STANLEY & CO. LLC Amherst Securities Group LLC		146,846		960	1FE 2FE 1FE
548661-DP-9 65339K-AT-7	LOWE'S COMPANIES INC NEXTERA ENERGY CAPITAL HOLDINGS INC ROGERS COMMUNICATIONS INC		04/19/2017 05/11/2017 06/14/2017	BARCLAYS CAPITAL INC FIXED INC		299,538 	300,000.00 150,000.00 150,000.00		2FE
842434-CP-5 95000G-AY-0	SEMT 124 A2 - CMO/RMBS SOUTHERN CALIFORNIA GAS CO WFRBS 16BNK1 A3 - CMBS XILINX INC		04/07/2017	Brownstone Investment Group LLC US Bank WELLS FARGO SECURITIES LLC		306,501			1FE 1FE 1FE
983919-AJ-0 3899999 - Subtotal	XILINX INC - Bonds - Industrial and Miscellaneous (Unaffiliated)		05/24/2017	J.P. MORGAN SECURITIES INC.				6,278	1FE
	DIME COMMUNITY BANCSHARES INC		06/08/2017	SANDLER O'NEILL & PARTNERS, LP					2FE
8399997 - Subtotal	- Bonds - Part 3					4,211,414	4,176,715.92	8,622	
8399999 - Subtotal	- Bonds					4,211,414	4,176,715.92	8,622	
922042-84-1 922908-80-1	VANGUARD TOTAL INT STOCK CL ADM MF VANGUARD EMR MRKTS STK INX CL ADM MF VANGUARD TSM IDX;INST		06/21/2017 06/21/2017	U.S. Bank U.S. Bank U.S. Bank					U
9799997 - Subtotal	- Common Stocks - Part 3					99,537			
9799999 - Subtotal	- Common Stocks					99,537			
9899999 - Subtotal	- Preferred and Common Stocks					99,537			
9999999 - TOTALS						4,310,951		8,622	

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In I	Book/Adjusted Ca	rrying Value		16	17	18	19	20	21	22 NAIC
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	Total Change in B. /A. C. V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	Designation or Market Indicator (a)
912828-Q5-2 U 912828-T5-9 U 912828-WD-8 U	GN 752842 - RMBS UNITED STATES TREASURY UNITED STATES TREASURY UNITED STATES TREASURY		06/01/2017 06/12/2017	MLPFS INC FIXED INCOME CITIGROUP GLOBAL MARKETS INC.		8,400 297,784 740,810 99,949 1,146,943	8,400.32 . 300,000.00 . 746,000.00 . 100,000.00 . 1,154,400.32	8,883 299,969 743,638 100,620 1,153,110	299,980 . 743,730 . 100,422 1,144,132		240		240		100.320			(474) (2,200) (3,159) (371) (6,204)	1,585 3,812	07/15/2025 04/15/2019 10/15/2019 10/31/2018	1 1 1
3128M7-WL-6 3128MF-AN-8 3128MF-AN-8 3132L7-YL-7 3137BT-NK-3 3138AX-XQ-9 3138EG-HS-6 3138WD-KE-0 3138XD-TR-1 3140FV-TZ-9 31410L-FY-3 3199999 - Subl	FH G05751 - RMBS FH G16113 - RMBS FH G18609 - RMBS FH V82515 - RMBS FHR 4636A CM - CMO/RMBS FN AJ6086 - RMBS FN AL0240 - RMBS FN AS3892 - RMBS FN AV2359 - RMBS FN BE9667 - RMBS FN 890383 - RMBS	nd Special A	06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 ssessment a	Paydown	sies and	12,354 5,950 8,509 8,548 14,839 11,771 12,899 14,683 7,730 4,901 5,995	Subdivisions . 12,353.76 . 5,949.88 . 8,509.24 . 8,548.28 . 14,638.52 . 11,770.72 . 12,898.81 . 14,682.91 . 7,730.02 . 4,900.82 . 5,995.40 . 108,178.36								6,129 8,271 8,756 15,346 12,157 13,743 15,374 8,170 5,032 6,348		(179) 238 (208) (507) (387) (844) (691) (440)	(1, 105) (179) 238 (208) (507) (387) (844) (691) (440) (131) (353) (4,607)	8 31 25 136 15 143 43 66 63	12/01/2039 03/01/2032 08/01/2032 08/01/2036 06/01/2046 01/15/2042 12/01/2026 04/01/2041 11/01/2044 01/01/2044 04/01/2047 01/01/2042	1 1 1 1 1 1 1 1 1 1
064159-HC-3 17121F-AC-8 78008S-VD-5 81744V-AB-8 92347X-AA-4 95001F-AU-9 3899999 - Subi	VZOT 161 A - ABS WFRBS 17RC1 A1 - CMBS total - Bonds - Industrial and Miscellane	ous (Unaffilia	04/20/2017 06/01/2017 06/01/2017 06/01/2017 06/01/2017 ated)	MLPFS INC FIXED INCOME Paydown		298,652 7,749 2,217,429		729, 101 92,000 1,085,692 5,620 297,773 7,749 2,217,935	728,553 92,000 1,085,277 297,788 2,203,618		(349) (84) 337 (96)		(349) (84) 337 (96)		728,205 92,000 1,085,193 5,620 298,125 7,749 2,216,892				615 12,749 3 1,432 13 27,965	01/15/2019 03/16/2020 01/16/2018 09/25/2042 01/20/2021 01/16/2060	1FE 1FE 1FE 1FE 1FE
						., ,	., .,.	.,,.	, , ,								(10,272)	, ,			
8399999 - Subi						., ,	., .,.	.,,.	.,.,						3,482,823		(10, 272)	, , ,	34,802		
9999999 - TOT	ALO					3,4/2,051		ა,483,826	3,341,150		39		39		3,482,823		(10,2/2)	(10,2/2)	34,802		

Page E06

Schedule DB, Part A, Section 1 **NONE**

Description of Hedged Risk (s) NONE

Financial or Economic Impact of the Hedge NONE

Page E07

Schedule DB, Part B, Section 1 NONE

Schedule DB, Part B, Section 1, Broker Name NONE

Schedule DB, Part B, Description of Hedged Risk (s) NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge **NONE**

Page E08 Schedule DB, Part D, Section 1 NONE

Page E09

Schedule DB, Part D, Section 2, By Reporting Entity **NONE**

Schedule DB, Part D, Section 2, To Reporting Entity **NONE**

Page E10

Schedule DL, Part 1

Page E11

Schedule DL, Part 2 NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Describera		2	3	4 Amount of	5	Book Balance at End of Each Month During Current Quarter				
	Depository		Detect	Interest	Amount of Interest Accrued	6	7	8		
Name	Location and Supplemental Information	Code	Rate of Interest	Received During Current Quarter			Second Month	Third Month		
Open Depositories TD Bank , National Association	Portland, ME					1,242,442	(524,208)	27,035,241		
Androscoggin Bank	Portland , ME Cherry Hill , NJ Lewiston , ME Milwaukee , WI		0.008	11,946		5,991,192	5,995,525	5,972,100		
0199999 - TOTAL - Open Depositories				11,946		7,370,485	5,471,156	33,007,178		
0399999 - TOTAL Cash on Deposit				11,946		7,370,485	5,471,156	33,007,178		
0599999 - TOTALS				11,946		7,370,485	5.471.156	33,007,178		

STATEMENT AS OF JUNE 30 , 2017 OF THE Martin's Point Generations Advantage , Inc .

Page E13 Schedule E, Part 2, Cash Equivalents NONE